



**DEPARTMENT OF THE ARMY**  
JOINT BASE MYER-HENDERSON HALL  
HEADQUARTERS COMMAND BATTALION  
239 SHERIDAN AVE, BLDG 417  
FORT MYER, VIRGINIA 22211-1199

IMMH-BN

16 July 2015

MEMORANDUM FOR all Soldiers Assigned and Attached to Headquarters Command Battalion, Joint Base Myer-Henderson Hall, VA 22211-1199

SUBJECT: Mental Health Evaluation - Policy Memorandum #11

1. Commander's Intent: The command, leaders and the community have the collective responsibility to ensure Soldiers are aware of the mental health support available. Mental health issues are a leadership issue because, if left unchecked, they can negatively impact the Soldier, unit and other people. The overall goal of this policy letter is to clearly establish responsibilities and standards for mental health care assessments and risk, and to outline actions to prevent dangerous behavior.

2. The overall responsibility for determining whether or not a mental health evaluation referral should be made rests with the Soldier's company or battalion chain of command with recommendation from the supervisory chain within the agency / department.

a. Prior to a routine referral of a Soldier, the company commander will consult with a mental healthcare provider.

b. In the case of an emergency situation, the company commander will refer a service member for an emergency mental health evaluation as soon as is practicable. This refers to instances when a Soldier, by actions or words, such as actual, attempted or threatened violence, intends or is likely to cause serious injury to themselves or others and when the facts and circumstances indicate that the Soldier may be suffering from a severe mental disorder.

3. Prior to transporting a Soldier for an emergency evaluation, the company commander shall consult with a mental healthcare provider at the medical treatment facility where the Soldier is transported. The purpose of this consultation shall be to communicate the circumstances and observations about the Soldier that led the leadership to believe the Soldier's behavior constituted an emergency. If clinically indicated, the Soldier will be admitted to a psychiatric unit for inpatient evaluation or treatment. The final decision to admit a Soldier rests solely with the mental healthcare provider granted hospital admitting privileges.

4. Evaluations not covered by these procedures include involuntary self-referrals, and responsibility and competency inquiries conducted under the Rule for Court Martial 706 of the Manual for Courts-Martial.

5. When a mental healthcare provider returns a Soldier to their command, either following an outpatient evaluation or upon discharge from inpatient status for which danger was an issue, the provider shall make written recommendations to the Soldiers commander pertaining to:

a. Proposed Treatments. Treatments shall be based upon the potential for therapeutic benefit as determined by the mental healthcare provider. Serial clinical assessments and mental status examinations shall be performed, with or without specific therapies, to assess the Soldier's on-going risk until the Soldier is judged clinically to be psychologically stable and no longer at significant risk of becoming imminently dangerous.

b. Precautions. Recommendations shall be based on the doctoral-level mental healthcare provider's good faith clinical judgment of the need for, and feasibility of, reducing or eliminating the Soldier's ability to cause injury to him or herself or others. Precautions will be considered especially in cases where Soldiers have demonstrated the potential for violent or destructive behavior. Additional precautions may include an order to move into military barracks for a given period, an order to avoid the use of alcohol, an order not to handle firearms or other weapons, or an order not to contact a potential victim or victims.

c. Fitness and Suitability for Continued Service. The mental healthcare provider will provide the company commander a recommendation for the Soldier's return to duty, referral for Medical Evaluation Board for processing through the Integrated Disability Evaluation System, or an administrative separation for personality disorder and unsuitability for continued military service.

6. Whenever a privileged mental healthcare provider makes a recommendation to the Soldier's company commander, they will make a written record of the actions taken and reasons therefore. If the health care provider's recommendation is to be separated from military service due to a personality disorder and a pattern of potentially dangerous behavior (more than one episode), the recommendation shall be co-signed by the mental healthcare provider's commanding officer.

7. Many Soldiers who would benefit from these services opt not to pursue them or fail to participate fully, one reason for this disconnect is stigma. Stigma can diminish self-esteem and can rob Soldiers of an opportunity for care. Mental health awareness is everyone's responsibility. Please help us in identifying anyone who needs help, then help them get the necessary support they need.

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8. The point of contact for this memorandum is the undersigned at (703) 696-2974.

A handwritten signature in black ink, appearing to read 'J. Kupka', with a stylized flourish at the end.

JOHNATHON M. KUPKA

LTC, SF

Commanding